

## AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☒ **FEDERAL CANDIDATE**

☐ **STATE/LOCAL CANDIDATE**

**To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3**

<b>Station and Location:</b>	<b>Date:</b>
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I, Katelyn Brawn,

being/on behalf of: Robert Portman,

a legally qualified candidate of the Republican

political party for the office of: Senate

in the general

election to be held on: 11/8/16

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
	varies				

**Attach proposed schedule with charges (if available):** **gross**

## FEDERAL CANDIDATE CERTIFICATION

In Order For Federal Candidates To Receive The Lowest Unit Charge During A Political Window, The Following Certification Is Required:

I, \_\_\_\_\_  
(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

☐ does

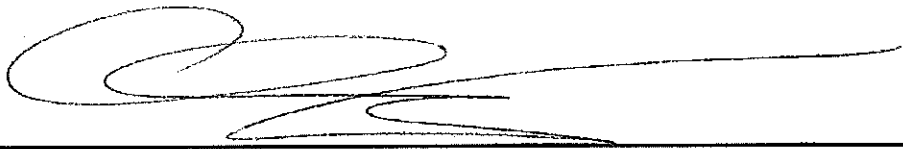
☐ does not

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

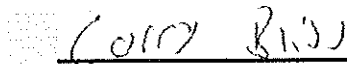
(check applicable box)

☐ the radio programming contains a personal audio statement by the candidate that identifies the candidate, the office being sought, and that the candidate has approved the broadcast.

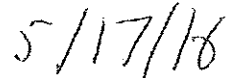
☐ the television programming contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds, and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast, and that the candidate and/or the candidate's authorized committee paid for the broadcast.



signature of candidate or authorized committee



printed name



date

I represent that the payment for the above described broadcast time has been furnished by:

and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

Natalie Baur

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

**To Be Signed By Candidate or Authorized Committee**

5/17/16

Date



[Signature]

Signature

**To Be Signed By Station Representative**

☐ Accepted

☐ Accepted in Part

☐ Rejected

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title



Political Client  
Information Request Form

Candidate Name:

Robert Portman

Official Campaign Name:

Portman for Senate Committee

Address:

9856 Archer Lane

City, State & Zip Code:

Dublin, OH 43017

Campaign Phone:

614-526-8648

Campaign Fax:

614-923-7811

Campaign Contact Person:

Corry Bliss

Campaign Treasurer:

Natalie Baur